

Case Number:	CM15-0094956		
Date Assigned:	05/21/2015	Date of Injury:	12/18/2013
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old male, who sustained an industrial injury on 12/18/2013, as a result of continuous trauma while employed as a truck driver. He reported injury to his neck, back, both shoulders, and left upper extremity. The injured worker was diagnosed as having chronic cervical strain and degenerative disc disease, persistent and recurrent left shoulder impingement syndrome and possible rotator cuff tear, and psychological reactive depression. Treatment to date has included diagnostics, cortisone injections, chiropractic, physical therapy, and medications. Surgical intervention to the left shoulder was noted in 2010, with subsequent rehabilitative therapy for 4 months (24 sessions). Magnetic resonance imaging of the left shoulder (1/08/2015) noted moderate rotator cuff tendinosis and scarring, degenerative appearance of superior and posterior labrum, and post subacromial decompression and distal clavicular excision changes. Currently, the injured worker complains of pain in his cervical spine, rated 3/10 at worst, and pain in his left shoulder, rated 9/10 at worst, with radiation to his bicep, upper arm, and left neck. He also reported frequent depression, sadness, intermittent anger, a short temper, lack of interest, racing thoughts, restlessness, and anxiety. He noted increased pain with activities of daily living and difficulty getting restful sleep. Exam of the cervical spine noted moderate tenderness in the bilateral paracervical muscles and range of motion limited by 30%. Motor strength was 4/5 in the left shoulder and otherwise normal. No sensory deficits were noted. Left rotator cuff exam noted positive impingement tests. Current medication regime was not clear. Urine drug screen (3/02/2015) did not detect any substances.

He was not working. The treatment plan included a revision left shoulder surgery and post-operative physical therapy for the cervical spine and left shoulder, 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post Operative Physical Therapy for cervical spine and left shoulder, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.